TO WHOM IT MAY CONCERN:

Below are the procedure codes, fees and estimated number of services that will be rendered on, or on behalf of, the patient named below. Please furnish this patient with a breakdown of what services will or will not be covered and the amount of reimbursement for each service covered.
Thank you for your cooperation in this matter and should you require any additional information you may call (646) 756-8284.

OOCYTE DONATION CYCLE

PROCEDURES:	CODES:	FEES:
Tax ID# 13-4079389		
ANONYMOUS EGG DONOR		
MEDICAL MANAGEMENT	99213/ 99361	5 x $250 = $1250
ULTRASOUND STUDIES	76830	5 x $230 = $1150
ENDOCRINE STUDIES (BLOOD)	82670/83001	6 x $115 = $690
VENIPUNCTURE	36415	5 x $15 = $75
EGG RETRIEVAL	58970	1 x $1450 = $1450
IDENTIFICATION OF OOCYTE	89254	1 x $1000 = $1000
ECHO GUIDED ASPIRATION	76948	1 x $300 = $300
ANESTHESIA (30 MINUTES)	99141	1 x $500 = $500
DONOR COMPENSATION		1 x $8000 = $8000
DONOR LABORATORY SCREENS		1 x $1770 = $1770
DONOR PSYCH. EVALUATION	99274	1 x $300 = $300
INJECTION TEACHING		1 x $200 = $200
DONOR MEDICAL COVERAGE AND PERFORMANCE PROGRAM		1 x $1000 = $1000
DONOR RECRUITMENT AND ADMINISTRATION		1 x $750 = $750
DONOR MEDICATION		1x $3000 = $3000
RECIPIENT		
MEDICAL MANAGEMENT	99213/99362	2 x $250 = $500
ULTRASOUND STUDIES	76830	3 x $230 = $690
ENDOCRINE STUDIES	82670/83001	3 x $115 = $345
VENIPUNCTURE	36415	2 x $15 = $30
SPERM PREP	89261	1 x $450 = $450
ICSI	89280	1 x $2000 = $2000
CULTURE & FERTILIZATION	89251/89272	1 x $2550 = $2550
ECHO GUIDED TRANSFER	76986	1 x $200 = $200
EMBRYO TRANSFER	58974	1 x $550 = $550
PREPARE EMBRYO FOR TRANSFER	89255	1 x $225 = $225
TOTAL AMOUNT:		$28,975.00

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PATIENT NAME: _____ D.O.B: _____
INSURANCE CARRIER: _____
INSURANCE ID#: _____ GROUP#: _____
INSURED'S NAME: _____ D.O.B: _____
DIAGNOSIS: _____ CODE: _____

EXHIBIT B